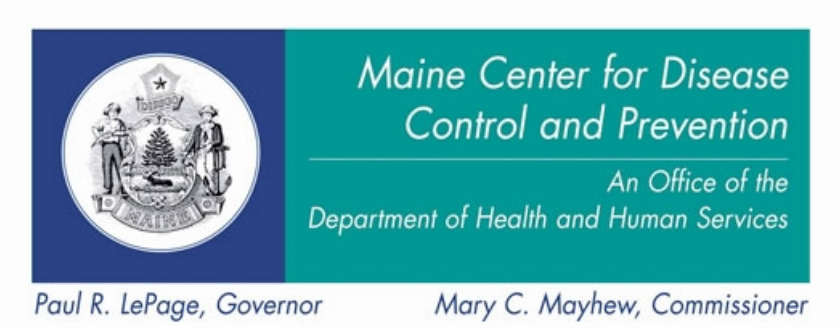

2013-2017 State Health Improvement Plan

2015 Implementation Plan

December 23, 2014

SHIP Implementation Plan

Last Updated Date: 12.23.14

Categorical Priority 1: Immunizations

Maine CDC Lead: Celeste Poulin

Goal: Increase immunization rates in Maine by an average of 10% by June 2017. (This is approximately 50% toward the Healthy Maine 2020 goals.) Baseline: 2011 MIP Quarterly Report Assessments.

Objective 1: Childhood Routine Immunization Schedule

By June 30, 2017 Maine will increase routine childhood vaccination rates in children 24-35 months of age, assessed as of 24 months of age, by 10% - to be measured from 2011 baseline rates from the Maine Immunization Program (MIP) Quarterly Report Assessments.

Measure: Percentage of children assessed who are up to date. Data Source: Maine Immunization Program, Immunization Information System- ImmPact system Quarterly Report Assessments. (NOTE: assessment is based on 4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV – 4:3:1:3:3:1:4 – antigen series.)

Strategy 1.1	**Educate health care providers on use of reminder/recall system.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide Assessment, Feedback, Incentives, and eXchange (AFIX) visits to 25% of our enrolled vaccine for children (VFC) providers with active agreements	Ongoing annually	MIP AFIX Coordinator/ Health Program Manager	Outcome: 25% of enrolled VFC providers get an AFIX visit Measure: AFIX visit report
Provide targeted resources to facilitate use of reminder/recall options	CY2014	MIP	Outcome: Increased # of provider offices using reminder/recall system Measure: # of onsite visits conducted, # of postcards provided to offices
Strategy 1.2	**Encourage provider enrollment and use of state registry.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcome/ Measures**
Upon initial contact with provider, refer to MIP to enroll in VFC program	Ongoing	MaineHealth, Bangor Public Health	Outcome: Increased enrollment in VFC Measure: # of newly enrolled providers in 2014
MIP will provide training on use of state registry for all newly enrolled providers (in-person visit).	Ongoing	MIP/ ImmPact staff	Outcome: All newly enrolled providers receive training in use of the state registry Measure: # of visits completed list/ log

Strategy 1.3	**Educate health care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide reminders to providers about the importance of disassociating former patients through AFIX visits and monthly newsletter	Ongoing	MIP	Outcome: Providers will ID disassociated patients on a regular basis (i.e.; quarterly) Measure: # of AFIX visits, # of newsletter mentions
Strategy 1.4	**Provide quarterly assessment reports to health care providers that are fully integrated into the ImmPact system (Maine immunization information system).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Generate quarterly reports and mail to all fully integrated providers statewide	Ongoing Quarterly	MIP/ Provider Relations Specialist	Outcome: Providers receive reports quarterly Measure: # of providers receiving quarterly report
Strategy 1.5	**Conduct Assessment, Feedback, Incentives, eXchange of Information (AFIX) site visits to a minimum of 25% of Maine health care providers enrolled in the Vaccines for Children (VFC) program.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
AFIX coordinator will choose a minimum of 25% of enrolled VFC providers who are eligible to receive an AFIX visit based on criteria established by Federal CDC (can change slightly from year to year)	Annually	MIP AFIX Coordinator & Health Program Manager	Outcome: Minimum of 25% of eligible providers receive visits Measure: # of visits provided, measured at mid-year and annual report

Objective 2: Adolescent Routine Immunization Schedule

By June 30, 2017 Maine will increase routine immunization rates in adolescents 13-18 years of age by 10% - to be measured from 2011 baseline rates from the MIP Quarterly Report Assessments.

Measure: Percentage of adolescents assessed who are up to date. Data Source: MIP ImmPact system Quarterly Report Assessments. (NOTE: assessment is based on 3HepB, 1meng, 2MMR, 2var, 1Tdap – 3:1:2:2:1 antigen series)

Strategy 2.1	**Educate health care providers on use of reminder/recall system.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide AFIX visits to 25% of our enrolled VFC providers with active agreements	Ongoing annually	MIP AFIX Coordinator/ Health Program Manager	Outcome: 25% of enrolled VFC providers get an AFIX visit Measure: AFIX visit report
Provide targeted resources to facilitate use of reminder/recall options	CY 2014	MIP	Outcome: Increased # of provider offices using reminder/recall system Measure: # of onsite visits conducted, # of postcards provided to offices
Strategy 2.2	**Encourage provider enrollment and use of state registry.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Upon initial contact with provider, refer to MIP to enroll in VFC program	Ongoing	MaineHealth, Bangor Public Health	Outcome: Increased enrollment in VFC Measure: # of newly enrolled providers in 2014
MIP will provide training on use of state registry for all newly enrolled providers (in-person visit).	Ongoing	MIP/ ImmPact staff	Outcome: All newly enrolled providers receive training in use of the state registry Measure: # of visits completed list/ log
Strategy 2.3	**Educate health care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide reminders to providers about the importance of disassociating former patients through AFIX visits and monthly newsletter	Ongoing	MIP	Outcome: Providers will ID disassociated patients on a regular basis (i.e.; quarterly) Measure: # of AFIX visits, # newsletter mentions

Strategy 2.4	**Provide quarterly assessment reports to health care providers that are fully integrated into the ImmPact system (Maine immunization information system).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Generate quarterly reports and mail to all fully integrated providers statewide	Ongoing Quarterly	MIP/ Provider Relations Specialist	Outcome: Providers receive reports quarterly Measure: # of providers receiving quarterly report
Strategy 2.5	**Conduct AFIX site visits to a minimum of 25% of Maine health-care providers enrolled in the VFC program.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
AFIX coordinator will choose a minimum of 25% of enrolled VFC providers who are eligible to receive an AFIX visit based on criteria established by Federal CDC (can change slightly from year to year)	Annually	MIP AFIX Coordinator and Health Program Manager	Outcome: Minimum of 25% of eligible providers receive visits Measure: # of visits provided, measured at mid-year and annual report

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Last Updated Date: 12.23.14

Objective 3: Adolescent Human Papillomavirus (HPV)
By June 30, 2017 Maine will increase HPV immunization rates in females and males 13-18 years of age by 10%.

Measure: Percentage of female and male adolescents, 13-18 years of age, who received HPV vaccine. Data Source: MIP Immunization Information System -ImmPact system Quarterly Report Assessments.

Strategy 3.1	**Provide assessment and feedback information to health-care providers re: current HPV vaccination rates and suggestions for methods to improve clinical rates.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Specifically address HPV in AFIX visits; provide HPV specific immunization rates to provider in both AFIX visits and quarterly reports	Ongoing	MIP	Outcome: Providers know what their HPV coverage rates are by gender Measure: # of quarterly reports sent containing HPV information
Update provider reference manual to include HPV information and strategies for improving rates.	Oct 1, 2014	MIP, Maine Immunization Coalition (MIC)	Outcome: Updated provider manual Measure: Provider manual with HPV included (yes/no)
Disseminate HPV- updated provider reference manual to providers	Oct 1, 2014-Ongoing	MIP	Outcome: Providers receive manuals with updated HPV information Measure: # of manuals handed out to providers
Strategy 3.2	**Educate health-care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide reminders to providers that give the HPV vaccine about the importance of disassociating former patients through AFIX visits and monthly newsletter	Ongoing	MIP	Outcome: Providers will ID disassociated patients on a regular basis (i.e.; quarterly) Measure: # of AFIX visits, # of newsletter mentions
Strategy 3.3	**Provide quarterly assessment reports to health-care providers that are fully integrated into the ImmPact system.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Generate quarterly reports on HPV coverage rates and mail to all fully integrated providers statewide	Ongoing Quarterly	MIP/ Provider Relations Specialist	Outcome: Providers receive reports quarterly Measure: # of providers receiving quarterly report
Strategy 3.4	**The Maine Immunization Coalition will disseminate best practice information to health care providers and school based health centers on HPV vaccinations**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Include on Maine Immunization Council (MIC) December meeting HPV discussion	December 2014	Maine CDC, MIC – Caroline Zimmerman	Outcome: Information selected to disseminate Measure: # of members/providers

			information sent to

Objective 4: Seasonal Flu

By June 30, 2017, increase the number of public school students in Maine who have access to a flu vaccine at their school by 10%.

Measure: Enrollment count of schools registered in ImmPact and Department of Education (DOE). Data Source: MIP ImmPact System and DOE record.

Strategy 4.1	**Identify underserved areas of need and work with School Administrative Units (SAUs) to increase the number of SAUs offering seasonal influenza vaccine.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Collect data from ImmPact of SAUs enrolled, utilize DOE enrollment figures to determine access. Map school nurse or public health district to identify underserved areas, penetration rate. Present to Community Health Partners, School Nurse Conferences, Maine Superintendents Association Exec Directors and Executive Committee and FQHCs to engage additional school and community engagement.	'14-'15 School Year, ongoing	SLVC Project Staff	Outcome: 60% of school systems participate and 75% of enrolled school children have access Measure: Data from ImmPact and DOE
Reach out to SAUs not participating and discuss potential participation. Phone calls, emails (school boards, superintendents, principals, school nurses varies by school system). Provide tools, resources and where applicable encourage community partnership.	'14-'15 School Year, ongoing	SLVC Project Staff	Outcome: Increase in school systems participating Measure: Data on participation rates, # of school systems contacted
Partner with Community Health Partners (CHP) such as VNA, Home Health and Hospice, MaineGeneral, and Bangor Public Health to develop CHP mentors who will be available to mentor community health organizations who may be interested in school located vaccine clinics.	Summer 2014	SLVC Project Staff	Outcome: Increase in # of school nurse mentors to support school located vaccine clinics Measure: # /increase of school nurse mentors engaged
Strategy 4.2	**Identify and recruit community partners to support and assist with school located vaccine clinics (SLVC).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Partner with Community Health Partners (CHP) such as VNA, Home Health and Hospice, MaineGeneral, and Bangor Public Health to develop CHP mentors who will be available to mentor community health organizations who may be interested in school located vaccine clinics	Summer 2014	SLVC Project Staff	Outcome: Increase in # of CHP to support school located vaccine clinics Measure: # of CHPs engaged
Engage other Community Health Partners, FQHCs, Community Health Clinics, home health agencies, hospitals by calling, meeting with, encouraging school nurses to deliver messaging to increase buy-in for school-located vaccine clinics across the state	Ongoing	SLVC Project Staff	Outcome: Increased awareness and engagement of community partners Measure: # of meetings held
Partner with School Nurse mentors (currently 9 mentors) who will be available to mentor other school nurses	SY2014-15	SLVC Project Staff	Outcome: Increase in # of SNs mentored to support school located

			vaccine clinics Measure: # of SNs engaged

Strategy 4.3	**Build a sustainable billing structure to cover vaccine administration costs associated with conducting SLVCs in Maine schools to include private health insurance reimbursement.**		
Implementation Steps		**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify and engage a billing partner who will develop relationships with commercial insurers, school systems, and CHPs conducting vaccine clinics		Summer 2014	SLVC	Outcome: Billing partner agrees (Commonwealth Medicine) Measure: Billing partner in place
Engage insurers to agree to contract with the billing partner		SY14-15	SLVC, billing partner	Outcome: 2-5 commercial insurer contracts in place Measure: # of contracts in place
Engage school systems to contract with billing partner		Fall 2014	SLVC, billing partner	Outcome: 5 school systems enter into a contract Measure: # of contracts in place
Engage Community Health Partners to contract with billing partner		Fall 2014	SLVC, billing partner	Outcome: 2 CHPs enter into a contract Measure: # of contracts in place

Objective 5: Adult Pertussis

By June 30, 2017, 80% of all medical providers who perform obstetric services in Maine will receive information and tools to follow Advisory Committee on Immunization Practices (ACIP) tetanus, diphtheria, and pertussis (Tdap) guidance.

Measure: Number of OB/GYN providers who receive educational/outreach materials regarding Tdap recommendations.

Strategy 5.1	**Develop a packet of information for obstetric providers to include: the need and rationale for pertussis vaccine in pregnancy, recommended guidelines for administering pertussis vaccine, and reminder/recall systems.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Obtain list of all OB/GYN practices/ practitioners in state to send contact letter and/or email, re: availability of Tdap vaccine for pregnant women and their partners through MIP	2015	MIP	Outcome: Information sent to 80% of OB/GYN practitioners Measure: # of contacts made
Incorporate development of packet into VFC 2015 work plan	2015	MIP	Outcome: Information sent to 80% of OB/GYN practitioners Measure: # of contacts made
Strategy 5.2	**MIP will send information packet to all enrolled providers.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Include information in adult section of revised provider resource manual	March 2014-ongoing	MIP	Outcome: Information is available in the manual going forward Measure: # of updated manuals distributed
Strategy 5.3	**Work with provider organizations to establish a baseline of providers who have new Tdap guidelines.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Disseminate Tdap guidelines through PCMH and HH Learning Collaborative structure.	December, 2014	Maine Quality Counts - Anne Conners	Outcome: List of providers who have the new guidelines Measure: # of new specialty (OB/GYN) providers enrolled to provide specialty Tdap for uninsured pregnant women and their partners
Increase number of dissemination points for new guidelines provided, via letter from MIP (if cost associated, build into 2015 work plan)	Fall 2014-Spring 2015	MIP, Professional Medical Associations	Outcome: Increased awareness of Tdap guidelines for pregnant women Measure: # of professional associations that received updated guidelines

Objective 6: Pneumococcal Vaccination Among Seniors

By June 30, 2017, increase the percentage of Maine adults over age 65 who have received a pneumococcal vaccination from 71.8% in 2010 to 79% in 2016 (a 10% increase).

Measure: Number of responses in Behavioral Risk Factor Surveillance Survey (BRFSS). Data Source: BRFSS as reported in Maine State Health Assessment (SHA)

Strategy 6.1	**Explore possibilities for accessing, aggregating and analyzing relevant population-level data for pneumococcal vaccinations in order to identify pockets of need and facilitate strategic targeting of vaccinations and tracking of progress toward this objective.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Contact BRFSS to obtain aggregate pneumococcal vaccine data, by county.	Fall 2014/ Winter 2015	MIP – Celeste Poulin	Outcome: Baseline data obtained Measure: # of vaccinated seniors
Reach out to Health InfoNet to determine if they have aggregate pneumococcal vaccine data, by county	Fall 2014/ Winter 2015	MIP – Celeste Poulin	Outcome: Baseline data obtained Measure: # of vaccinated seniors
Strategy 6.2	**Increase public and provider awareness of the recommendations for pneumococcal vaccination, and execute proven communication strategies to engage both primary care providers and community partners/organizations who serve seniors in promoting pneumococcal vaccination.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Collect/ develop messaging information for dissemination (i.e. federal CDC-patient friendly fact sheet) across the state via community organizations	Jan 1, 2015	MIP	Outcome: Information disseminated to community organizations Measure: # of organizations contacted
Dissemination of messaging via websites, newsletters, targeted email blasts, social media re: pneumococcal vaccination	Jan 1, 2015	AAAs – Ted Trainer, MaineHealth – Gloria Neault, Maine Community Health Options (Tentative)	Outcome: Providers and public get information Measure: Report or list re: reach from organizations

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Categorical Priority: Obesity

Maine CDC Lead: David Pied

Goal: Reduce adult obesity in Maine by 5% and youth obesity by 10% by June 2017. (*This is approximately 50% toward the Healthy Maine 2020 goals.)*

Objective 1: Decrease Sugar-Sweetened Beverage Consumption

By June 30, 2017, decrease the proportion of Maine adults and youth consuming one or more sugar-sweetened beverages a day by 10% for youth, grades k-12 (rate for adults will be established with baseline data). (NOTE: The definition of "sugar-sweetened beverage" is derived from the Maine Integrated Youth Health Survey (MYIHS).

Measure: Number of responses to questions about sugar-sweetened beverage consumption in BRFSS and MYIHS. Data Source: BRFSS and MYIHS. NOTE: Questions about sugar-sweetened beverages should be added to Module 5 in BRFSS to collect adult data.

Strategy 1.1	**Increase outreach and education to the public and to partners, using currently available resources to decrease consumption of sugar-sweetened beverages.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Community and School-based education - Deliver nutrition education program to low-income youth and adults about sugar-sweetened beverages and healthier alternatives	Ongoing	SNAP-ED (UNE) and UMaine Extension Joan and Kate	Outcome: education sessions on sugar-sweetened beverages delivered Measure: # of educational sessions conducted, # of individuals reached
Number of schools, out-of-school programs, early childhood programs and healthcare practices engaged with *Let's Go!* through the use of the 5-2-1-0 message	July 1, 2014-June 30,2015	*Let's Go!*	Outcome: Sites use the 5-2-1-0 message Measure: # of sites registered with *Let's Go!* (results available September 2015)
Research outreach and education campaigns designed for the general public	September 2014	Maine Public Health Association (MPHA) –	Outcome: A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee Measure: One plan created
K-12: Adopt and implement model wellness policies that include student access to water, limit access to sugar sweetened beverages	Ongoing	HMP	Outcome: Policies adopted and implemented Measure: # of policies adopted and implemented
Municipalities and Worksites: Adopt and implement model wellness policies that include access to water, limit access to sugar sweetened beverages	Ongoing	HMP	Outcome: Increased access to healthy foods at municipal-owned or managed sites Measure: # municipalities reached
Adopt/ Implement worksite healthy meeting guidelines that include limiting access to sugar sweetened beverages	June 1, 2015	Maine CDC PAC	Outcome: worksites will develop guidelines that increase access to healthy beverages in vending machines and cafeterias Measure: # of worksites that implement guidelines to increase access to water and unsweetened beverages

Strategy 1.2	**Implement a media campaign to raise public awareness of the relationship between sugar-sweetened beverages and obesity.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Research outreach and education campaigns designed for the general public	September 2014	MPHA	Outcome: A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee Measure: One plan created
Strategy 1.3	**Encourage school departments to limit access to sugar-sweetened beverages in schools.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
K-12: Adopt and implement model wellness policies that include student access to water, limit access to sugar sweetened beverages (SSB) beyond the half hour after the end of the school day	Ongoing	HMPs, DOE – Gail Lombardi and Stephanie Stambach	Outcome: Schools limit SSB access after the school day, same as during the school day Measure: Policies adopted and implemented
Provide training to school groups such as sports teams, concession groups, principals, and teachers to implement rules that encourage limiting access to SSBs beyond the school day	Current/ Ongoing	Maine CDC PAC, DOE – Gail Lombardi and Stephanie Stambach	Outcome: More schools limit sugar-sweetened beverages Measure: # schools trained on implementing policies to limit sugar-sweetened beverages beyond the school day
Informing schools on adhering to current Maine law regarding advertising Sugar-sweetened beverages on school property	Current/ Ongoing	Maine CDC PAC	Outcome: Schools adherence to state law Measure: # of schools informed of law
Implementation of *Let's Go!* Strategy # 2: Provide water and low fat milk; limit or eliminate sugary beverages in participating schools	July 1, 2014 – June 30, 2015	*Let's Go!*	Outcome: Implementation of strategy in all or most classrooms of participating schools Measure: % of schools reporting they are implementing this strategy in all or most classrooms (Results available September 2015)
Research outreach and education campaigns designed for the general public	September 2014	MPHA	Outcome: A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee Measure: One plan created

Strategy 1.4	**Encourage providers to include screening and counseling on sugar-sweetened beverage consumption as part of routine medical care.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Healthcare practices that conduct Well Child visits participate in the *Let's Go!* Healthcare program	July 1, 2014 – June 30, 2015	*Let's Go!*	Outcome: Healthcare practices that conduct Well Child visits, participate in the *Let's Go!* Healthcare program Measure: # of healthcare practices that participate in the *Let's Go!* Healthcare program. (Results available September 2015)
Strategy 1.5	**Discourage the consumption of sugar-sweetened beverages by seeking a waiver from the federal government to disallow the use of Supplemental Nutrition Assistance Program (SNAP) benefits for purchase of sugar-sweetened beverages.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Monitor progress of DHHS Commissioner's Office in seeking and receiving a federal waiver	Ongoing	DHHS Commissioner's Office	Outcome: Waiver explored with USDA Measure: Existence of policy that disallows purchase of sugar sweetened beverages with SNAP benefits

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Last Updated Date: 12.23.14

Objective 2. Increase Fruit and Vegetable Consumption

By June 30, 2017, increase by 10% the proportion of the Maine population (adults and children) who consume five or more servings of fruits and vegetables a day.

Measure: Number of responses to questions about fruit and vegetable consumption in BRFSS and MYIHS. Data Source: BRFSS and MYIHS as reported in the SHA.

Strategy 2.1	**Increase outreach and education to the public and to partners, using currently available resources, to guide increased consumption of fruits and vegetables.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Deliver nutrition education program to low-income youth and adults about the importance of fruit and vegetable consumption and ways to shop for and prepare fruits and vegetables on a limited budget	Ongoing	SNAP-ED and UMaine Extension	Outcome: UMaine Extension – self-reported fruit and vegetable intake Measure: # of educational sessions conducted, # of individuals reached
Implementation of *Let's Go!* Strategy # 1: Provide healthy choices for snacks and celebrations; limit unhealthy choices in participating schools, early childhood and out-of-school programs	July 1, 2014 – June 30, 2015	*Let's Go!*	Outcome: Implementation of strategy in sites program/organization wide Measure: % of sites reporting they are implementing this strategy program/organization wide. (Results available September 2015)
K-12: Adopt and implement model wellness policies that include student access to fruits and vegetables, limit sugary snacks	Ongoing	HMP	Outcome: Youth eat more fruits and vegetables Measure: # of schools adopting model policy that increases access to fruits and vegetables
Municipalities and Worksites: Adopt and implement model wellness policies that include access to fruits and vegetables	Ongoing	HMP	Outcome: Increased access to healthy foods at municipal-owned sites Measure: # municipalities reached
Adopt/ Implement foodservice guidelines that include encouraging healthy snacks such as fruits and vegetables in worksite cafeterias and vending machines	June 1, 2015	Maine CDC PAC	Outcome: Guidelines to increase access to healthy foods developed by worksites Measure: # worksites that develop and adopt guidelines
Provide vouchers and/or eWIC benefits for fresh frozen and canned fruits and vegetables on a monthly basis	Ongoing	WIC	Outcome: WIC women and children receive and redeem monthly benefit for fruits and/or vegetables Measure: # of and % of WIC participants redeeming fruit and/or vegetable benefit each month
Issue Farmers Market benefits in the summer time	May-October 2015	WIC	Outcome: WIC participants receive and redeem WIC Farmers' Market benefits during the summer season Measure: # of redemptions/ redemption %
Provide infant fruits and vegetables (jarred)	Ongoing	WIC	Outcome: WIC infants, age 6-11 months, receive and redeem benefits for infant fruits and/or vegetables Measure: # of redemptions/ redemption %
Provide educational materials to Senior FarmShare Program participants on the benefits of eating fruits and vegetables daily	Ongoing	Maine Senior FarmShare Program - Julie Waller	Outcome: More seniors eat fruits and vegetables Measure: # of seniors in program reached with educational materials

Strategy 2.2	**Promote Food Policy Councils as a way to increase access to affordable healthy foods for all Maine people.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Work with municipalities to form or participate on Food Policy Councils	Ongoing	12 HMPs	Outcome: More Food Policy Councils have municipal representation/involvement Measure: # municipalities participating on Food Policy Councils, # of Food Policy Councils
Lead educational events to support the Maine Network of Food Councils to improve local food systems and increase access to local healthy foods and beverages	Ongoing	Maine Network of Food Councils - Ken Morse	Outcome: Increased capacity of food councils to improve access to local healthy foods Measure: # of food council meetings and educational events held
Strategy 2.3	**Increase or expand fruit and vegetable market outlets such as farm to institution, farm to school, farmers' markets.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Host farmers at WIC offices for farmers market events	Summer 2014- possibly ongoing	WIC	Outcome: WIC Local Agency Farmers' Market season outreach plans will include Farmers' Market events when possible Measure: # of offices holding Farmers' Market events
Work with Good Shepherd to increase the number of farm stands or farmers' markets in underserved areas for lower income people	Ongoing	Maine CDC PAC, Cultivating Community –	Outcome: Increased access to fresh produce Measure: # of markets in underserved areas
Provide outreach and technical assistance to farms and schools to increase local foods in schools or Farm to School (F2S) programs.	Ongoing	F2S Network- Ellie Libby, FoodCorps	Outcome: Increased consumption of healthy local foods among youth Measure: # of F2S programs
Provide technical assistance to farmers	Ongoing	Extension, MOFGA – Heather Omand (Tentative)	Outcome: More Maine farmers know how to market and sell their products to schools Measure: # farmers reached
Farm to college and hospital: increasing the # of colleges and hospitals using local food	Ongoing	Farm to Institute New England (FINE) - Ken Morse	Outcome: Increased purchase and sales of local (healthy) food at colleges and hospitals Measure: # of colleges and hospitals using X amount of local food (TBD)
Strategy 2.4	**Increase participation in the Fresh Fruit and Vegetable Program (FFVP) by maximizing the use of federal funds so that more schools can join.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Inform eligible schools serving pre-K – Grade 8 about fresh fruit and vegetable application to ensure all eligible schools apply	2015 School Year	DOE, Stephanie Stambach	Outcome: More youth eat fruits and vegetables and know their nutritional value Measure: All available funding to Maine is used

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Objective 3: Increase Physical Activity

3a: By June 30, 2017, increase by 10% the proportion of Maine adults who engage in some leisure-time physical activity.

Measure: Number of responses to physical activity questions in BRFSS. Data Source: BRFSS

Strategy 3a.1	**Work with municipalities to increase opportunities for active transportation and access to indoor and outdoor recreational facilities. This includes, for example, increased sidewalks, bike path trails for public use and 'complete street' components, and would be done in compliance with Americans with Disabilities Act Accessibility Guidelines (ADAAG).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Encourage/ support municipalities in the creation of local advocacy groups i.e.; Bike/Ped Committees, Active Community Environment Teams (ACETs)	Ongoing	HMPs, The Bicycle Coalition of Maine	Outcome: Increased local level capacity to implement policy and environmental change to support physical activity Measure: # of additional ACETs, Bike/Ped Committees
Complete Rural Active Living assessments (RALAs) for every city and town with whom HMPs work	Ongoing	HMP	Outcome: Increased awareness of relative 'activity friendly' built environment Measure: # of completed RALAs

3b: By June 30, 2017, increase by 10% the proportion of Maine youth (grades k-12) who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 minutes or more each time.

Measure: Number of responses to physical activity questions in MYIHS. Data Source: MYIHS

Strategy 3b.1	**Work with school departments to increase the number of schools that provide public access to indoor and outdoor school facilities for out-of-school physical activity.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide technical assistance to school administrations to adopt and implement policies that provide public access to indoor and outdoor facilities for after school physical activities	Ongoing	HMP- optional objective	Outcome: Increased access to places for physical activity Measure: # of school open use policies
Provide technical assistance to school administrations to adopt and implement Collaborative use agreements to provide public access to indoor and outdoor facilities for after school physical activities.	Ongoing	HMP- optional objective	Outcome: Increased space for public access on school grounds and in schools Measure: # of spaces available to the public

Strategy 3b.2	**Work with childcare centers to increase the number of centers using evidence-based approaches (e.g. Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC), Let's Move!) to implement policies and create environments that support physical activity and meet safety guidelines.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Ages Birth -5: 5-2-1-0 Goes to Child Care: work on implementing policy and environmental change at childcare sites to support PA	July 1, 2014 – June 30, 2015	*Let's Go!*	Outcome: Increase in number of policies and environmental changes supporting physical activity in birth to 5 childcare settings Measure: # sites statewide implementing the PA strategy
K – 5: 5-2-1-0 Goes to School: work on developing and implementing policy and environmental change at K-5 schools to support PA	July 1, 2014 – June 30, 2015	*Let's Go*	Outcome: Increase in number of policies and environmental changes supporting physical activity in K-5 schools Measure: # sites statewide implementing strategy re: physical activity
PAC Strategy 5: Implement physical education and physical activity in early care and education (ECE) 1. Implement comprehensive ECE standards a) Increase the number of ECEs that develop and implement standards to increase physical activity b) Increase the percent of schools within local education agencies that have established, implemented and/or evaluated comprehensive school physical activity programs (CSPAP)	Ongoing	Maine CDC PAC	Outcome: Increase in development and implementation of ECE standards increasing PA a) Measure: # of ECEs that develop and implement standards to increase physical activity b) Measure: # of children who attend ECEs that adopt and implement guidelines to increase physical activity

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Strategy 3b.3	**Work with schools to increase the proportion of middle and high school students who attend daily physical education classes, including increasing school offerings of daily physical education classes and student participation in them.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
PAC Strategy 6: Implement quality physical education and physical activity in K-12 schools 1. Develop, implement and evaluate CSPAP o Assess targeted Local Education Agencies (LEAs) physical education and physical activity environment and create action plans for policy, systems and environmental (PSE) change. o Provide professional development and capacity building to *Let's Go!* Coordinators on CSPAP and strategies for implementation o Collaborate with *Let's Go!*, state and local partners to provide professional development to targeted LEAs on developing and implementing CSPAP o Partner with *Let's Go!* to provide training and technical assistance (TA) to targeted LEAs to assist them in implementing strategies to increase physical activity throughout the school day o Work with the Maine CDC, Division of Population Health OA Coordinator to provide ongoing content expertise to *Let's Go!* Coordinators and other local partners on strategies to increase physical activity in LEAs	Ongoing	Maine CDC PAC, Sheila Nelson/Joe Boucher Doug Beck	Outcome: Increase in the number of LEAs receiving professional development and TA on implementing CSPAP Measure: # of LEAs receiving professional development and TA to establish, implement and evaluate CSPAP % of schools within LEA that have established, implemented and/or evaluated CSPAP

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Objective 4: Breastfeeding

By June 30, 2017, increase the percentage of infants in Maine who are ever breastfed to 80% and who are breastfeeding at six months of age to 45%.

Measure: Number of responses to breastfeeding questions. Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS); National Immunization Survey (NIS)

Strategy 4.1	**Educate employers on how to comply with Maine Workplaces Support Nursing Moms law in order to support employees who are breastfeeding (including a private location to pump, flextime and breast milk storage space).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide technical assistance to those employers choosing this strategy from the Healthy Maine Works (HMW) tool	Ongoing	HMP- optional objective	Outcome: More employers have private clean space for employees to breastfeed Measure: # of employer's working on the HMW strategy
Strategy 4.2	**Educate mothers about Maine Workplaces Support Nursing Moms law along with other applicable laws and resources for lactation support.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Include law in WIC participant handbook so all those enrolling in the program have the information	Ongoing	WIC	Outcome: WIC pregnant and breastfeeding women will be aware of the Maine Workplace law Measure: # of participants receiving handbook
Disseminate information on law via website, wallet card, near future: bus boards. Cumberland, Androscoggin and York counties, and City of Bangor Public Health.	Ongoing	HMP/Opportunity Alliance	Outcome: More mothers aware of Maine's Workplace (lactation) law Measure: # wallet cards out/ estimate
Strategy 4.3	**Educate child-care centers on how to create and implement policies and environments that support breastfeeding.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Number of early childhood programs that participate in the 5-2-1-0 Goes to Child Care Program. Resources available include: toolkit handouts, online module and statewide trainings	July 1, 2014 – June 30, 2015	*Let's Go!*	Outcome: Early childhood programs participate in 5-2-1-0 Goes to Child Care Program Measure: # of early childhood programs registered with *Let's Go!* (Results available September 2015)
Strategy 4.4	**Educate birthing facilities in Maine on the Baby-Friendly Hospital Initiatives 10 Steps to Successful Breastfeeding in order to increase the percentage of infants ever breastfed (including infants in a Maine neonatal intensive care unit (NICU) setting).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Host breastfeeding learning collaborative for Maine hospitals focused on 6 of the 10 Steps	By June 2015	Maine CDC/ *Let's Go*!, MaineHealth	Outcome: More mothers are assisted and supported to exclusively breastfeed at 3 and 6 months Measure: # participants
Conduct up to 12 webinars on perinatal breastfeeding and best practices	By June 2015	Maine CDC/ *Let's Go*!, MaineHealth	Outcome: All perinatal providers are familiar with perinatal breastfeeding best practice Measure: # of webinar participants
Collaborate to offer skills training for hospital perinatal staff	By March 2015	*Let's Go*!	Outcome: Hospital perinatal staff are trained in hospital breastfeeding best practice Measure: # of participants trained

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Categorical Priority: Substance Abuse and Mental Health

Maine DHHS Leads: Katharyn Zwicker, Geoff Miller

Goal: Reduce substance abuse and improve mental health in Maine by 5% by June 2017 (This goal encompasses a number of specific Healthy Maine 2020 objectives and approximately 50% toward the Healthy Maine 2020 goals.)

Objective 1: Early Intervention

By June 30, 2017, **i**ncrease the use of standardized screening tools in MaineCare health home practices for all children birth to three years of age.

Measure: Number of MaineCare claims using CPT code 96110 for general developmental screening. (Children's Health Insurance Program Reauthorization Act (CHIPRA) Initial Core Set of Children's Health Care Quality Measure #8 and CPT codes 96110HI and 96111HK for autism-specific screening IHOC Measure #9. Data Source: MaineCare claims data.

Strategy 1.1	**Continue education of MaineCare health home practices in the use of developmental screening tools and in the submission of claims for the screenings through Improving Health Outcomes for Children (IHOC), the Patient Centered Medical Home (PCMH) Learning Collaborative administered by Maine Quality Counts, and the training being developed and implemented under the State Innovation Model (SIM) grant for primary care practices serving children with developmental disabilities.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Through IHOC, Maine Quality Counts will train primary care practices on developmental screening and autism screening	Ongoing- ends Sept 30, 2014	MaineCare – Amy Dix	Outcome: Completed training for at least 43 practices Measure: # of practices trained
Assess the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized tool or set of tools	December 31, 2014	MaineCare – Amy Dix	Outcome: Annual claims analysis of data results on MaineCare Code 96110 Measure: Report results for the developmental screening of children who turn 1, 2, and 3 years of age during the measurement year (using code 96110) with recommendations to MaineCare

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Objective 2: Physician Drug Protocols

By June 30, 2017, at least 80% of all hospitals, health systems and Federally Qualified Health Centers (FQHC) will have controlled drug-prescribing protocols in place.

Measure: Number of hospitals, health systems and FQHCs with drug prescribing protocols. Data Sources: MMA, Substance Abuse and Mental Health Services (SAMHS), Maine Hospital Association (MHA), Maine Association of School Psychology (MASP), MOA

Strategy 2.1	**Develop and distribute a fact sheet with key elements for drug prescribing protocols and resources.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Assess what currently exists for fact sheets and/or drug prescribing protocols within SAMHS and statewide partners (Licensing Boards)	Jan 1, 2015	SAMHS	Outcome: Completed assessment of drug prescribing protocols Measure: # of electronic factsheets/protocols collected
Conduct a scan of hospital policies and protocols that are currently in place and request copies	Jan 1, 2015	MMA, MHA, FQHCs, MPCA, SAMHS	Outcome: Completed scan of policies and protocols Measure: # of electronic copies collected
Strategy 2.2	**Identify Continuing Medical Education (CME) opportunities that are quality and user-friendly; obtain approval and buy-in from Maine Medical Association (MMA), Maine Osteopathic Association (MOA), Nurse Practitioner and Physician Assistant Associations, and Maine Primary Care Association (MPCA).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Investigate what is currently available online for Continuing Medical Education (CME) opportunities	January, 2015	SAMHS	Outcome: Complete scan of online CME opportunities Measure: List of opportunities and #
Strategy 2.3	**Identify a method to assess the status of drug-prescribing protocols within a system of care.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Conduct a scan of hospital policies and protocols that are currently in place	Jan 1, 2015	MMA, MHA, FQHCs, MPCA, SAMHS	Outcome: Completed scan of protocols in place Measure: Completed list and copies of protocols that are in place in Maine
Strategy 2.4	**Investigate how to integrate drug-prescribing protocols into electronic medical records.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Conduct a scan of hospital/medical practices for policies and protocols in place	Jan 1, 2015	MMA, MHA, FQHCs, MPCA, SAMHS	Outcome: Completed scan Measure: Listing of hospitals, health care systems, or providers in Maine that have such integration

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Objective 3: Coordination of Care

3a. By June 30, 2017, the number of patients receiving Screening, Brief Intervention, Referral and Treatment (SBIRT) services in Maine will increase by 50% above 2013 baseline data.

Measure: Number of times SBIRT billing code appears in MaineCare and Maine Health Data Organization (MHDO). Data Sources: MaineCare billing data; MHDO billing data

Strategy 3a.1	**Educate physician practices in the use of SBIRT tools and billing codes.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide SBIRT training for primary care physicians and community organizations	Ongoing	HMPs participating- (10 or so)	Outcome: Completed trainings provided Measure: # of trainings provided and locations by HMPs
Initiate discussions with MaineCare on billing code issues	By Jan 1, 2015	SAMHS	Outcome: Schedule and hold meetings with MaineCare Measure: Clarifying information on billing codes sent to providers
Develop and implement 1-year Learning Collaborative for Patient Centered Medical Home/Health Homes (PCMH/HH) to include SBIRT tools.	October 2014-October 2015	CCSME- Kate Chichester	Outcome: Completed training on SBIRT for nine (9) participating primary care practices Measure: # of practices who complete training, # of staff who attend
Strategy 3a.2	**Explore and learn more about the use of SBIRT in electronic medical records developed by Eastern Maine Healthcare Systems (EMHS).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Schedule meeting with EMHS for site visit to review their processes	January 1, 2015	SAMHS	Outcome: Schedule meeting and review of electronic SBIRT Measure: Outline of ESBIRT process
Meet with EMHS to learn about the outcomes of moving to this model	March 1, 2015	SAMHS, Scott Gagnon/ Healthy Androscoggin	Outcome: Meet with EMHS to discuss model Measure: Summary of strengths, weaknesses, opportunities and threats of this system/process
Schedule meeting with stakeholders to investigate webinar/ education opportunities related to the EMHS system	April 1, 2015	SAMHS	Outcome: Meet with stakeholders Measure: # of stakeholders attended

3b: Increase the number of MaineCare health home practices that perform depression and substance abuse screening using nationally recognized, evidence-based standard tools.

Measure: Number of times screening billing codes appear in MaineCare. Data Sources: MaineCare billing data

Strategy 3b.1	**3b.1. Educate MaineCare health home practices in the use of depression and substance abuse screening tools through the Patient Centered Medical Home Learning Collaborative.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide education/training to MaineCare Health Homes practices in the use of depression and substance abuse screening tools	October 2014-October 2015	Quality Counts- Anne Conners, CCSME- Kate Chichester	Outcome: Use of tools by participating practices Measure: # of dissemination opportunities through webinars and Learning Sessions and Quality Counts outreach such as newsletters

3c: By June 30, 2017, increase the number of primary care practices and schools implementing evidence-based suicide prevention screening and assessment as a standard model of care.

Measure: Number of primary care practices implementing evidence based suicide prevention screening and assessment as standard care. Data Source: Maine CDC contractor quarterly reports (National Alliance on Mental Illness)

Strategy 3c.1	**Provide education and training to primary care providers, including staff of school-based health centers, on the integration and use of nationally recognized evidence-based suicide prevention screening and assessment tools.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Partner with MMA on delivering training to primary care providers on the use of the Columbia Assessment Tool	Spring 2015	Maine CDC, NAMI Maine	Outcome: Training on use of Columbia Assessment Tool delivered Measure: # of primary care providers trained
Develop and pilot a webinar for primary care providers on using the Columbia assessment tool	Fall 2014	Maine CDC, NAMI Maine	Outcome: Webinar developed Measure: Video piloted and feedback obtained
Provide trainings to school-based health center staff on the Columbia assessment tool	Fall 2014	Maine CDC- Maine Suicide Prevention Program, NAMI Maine	Outcome: Training on use of Columbia Assessment Tool held Measure: # SBHC that use/ implement tool
Provide staff training to larger employers of primary care providers to help them implement the assessment tools	Winter 2015	Maine CDC/ NAMI Maine	Outcome: Trainings held Measure: # of primary care provider staff trained
Provide training to several community partners i.e.; National Guard, Universities, etc. on the Columbia assessment tool	Fall 2014	Maine CDC- Maine Suicide Prevention Program, NAMI Maine	Outcome: Trainings held Measure: # of community partners trained on the Columbia Assessment Tool

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Strategy 3c.2	**Provide Maine's Gatekeeper training to all public school staff: a one day program that includes skills practice and been shown to significantly increase a respondent's knowledge of warning signs and risk factors for suicide as well as enhanced confidence in the ability to intervene.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide awareness training or workshop to public school staff.	Spring 2015	Maine CDC, NAMI Maine	Outcome: Awareness training/workshop held Measure: # of trainings offered, # persons trained
Provide Gatekeeping training statewide to various audiences throughout the year	Spring 2015	Maine CDC, NAMI Maine	Outcome: Gatekeeper trainings held Measure: # of trainings offered, # persons trained
Create 2 hour awareness video that will be made available on the NAMI, Maine website or on a video/ flash drive to train school personnel.	Ongoing	Maine CDC, NAMI Maine	Outcome: Awareness video developed and made available to school personnel Measure: # of trainings offered, # persons trained
Provide train-the-trainer at various locations around the state, throughout the year.	Spring 2015	Maine CDC, NAMI Maine	Outcome: Train-the-Trainer trainings held Measure: # of trainings offered, # persons trained
Assist school districts in protocol development	Ongoing	Maine CDC, NAMI Maine	Outcome: schools assisted with protocol development Measure: # of school with protocols

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Objective 4: Access to Care

By June 30, 2017, increase access to substance abuse and mental health services via primary care provider settings by 10%.

Measure: Number of times the billing code appears. Data Sources: MaineCare, MHDO billing data. Treatment Data System (TDS) at SAMHS website

Strategy 4.1	**Develop a train-the-trainer program based on Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health First Aid program.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide Adult Mental Health First Aid (MHFA) trainings statewide to include 10 specifically targeted by DHHS	Ongoing	NAMI Maine	Outcome: 80 trainings held Measure: # of persons nationally certified
Provide Youth Models of Mental Health First Aid trainings to entities around the state	Ongoing	NAMI Maine	Outcome: 3 trainings held Measure: # of persons nationally certified
Identify and reach out to primary care associations to provide the Mental Health First Aid training to their members	Fall 2014 (outreach), Spring 2015 (provide training)	SAMHS, NAMI Maine	Outcome: Trainings held Measure: # of primary care practices that have had staff certified
Strategy 4.2	**Promote public service announcements using messages already developed (bringchangetomind.org).**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Develop and implement media campaign to include radio PSAs and dissemination of RAC cards	Ongoing	SAMHS	Outcome: Development of media campaign and materials Measure: Website hits, # RAC cards output, catchment area for radio ad: reach
Strategy 4.3	**Engage physician practices in a learning collaborative to adopt NIATx (Network for Improvement of Addiction Treatment Services) principles that have been shown to consistently influence efforts to overcome barriers to process improvement. (http://www.niatx.net/Content/ContentPage.aspx?NID=131)**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify and reach out to primary care agencies that are willing to receive training and participate in the NIATx Learning Collaborative	Jan 1, 2015	SAMHS, Linda Frazier	Outcome: Nucleus of practices willing to engage in a collaborative to look at access Measure: # practices/ agencies reached, # agencies willing to collaborate

Strategy 4.4	**Explore resources to expand Telehealth to areas in Maine with few mental health resources.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify providers already providing or have infrastructure to provide Telehealth services	Jan. 1, 2015	SAMHS- Linda Frazier	Outcome: Providers identified Measure: List of providers and systems using Telehealth
Reach out to Maine Association of Psychiatric Physicians to learn more about their grant to provide psychiatric consultation to rural primary care practices (Jeff Barkin/David Moltz)	Jan. 1, 2015	Linda Frazier (SAMHS)	Outcome: Meet with or have conversations regarding this opportunity Measure: Summary of this opportunity and the # of former/current grantees
Assess and map infrastructure needs in Washington County (This could possibly be a template for others to use)	Ongoing	Washington County and One Community (Eleody Libby)	Outcome: Infrastructure needs for stationary telehealth units identified Measure: 90% of telehealth units assessed
Strategy 4.5	**Explore resources for education for primary care providers to reduce stigma-related barriers to care via the SIM grant and behavioral health home training initiative.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Work to reduce stigma-related barriers to integrated care for people with serious mental illness (SMI) and children with serious emotional disorders (SED) by promoting cross-training and collaboration through the Behavioral Health Home Learning Collaborative (BHH LC)	April 1, 2015	Quality Counts	Outcome: Enhanced access and improved health outcomes for people with SMI and SED Measure: # of partnership opportunities offered through webinars, Learning Sessions, warm handoffs from quality improvement specialists and BHH staff at Maine Quality Counts
Share best practices on integrated care (Tri-County Mental Health), possibly present at provider conferences (i.e.; MPCA, MMA, MHMC)	Fall 2014	Tri-County Mental Health Services – Deanne Ochoa-Durrell, Melissa Tremblay, Catherine Ryder	Outcome: Increased number of primary care practices who understand how to embed behavioral health clinicians in their practices to provide integrated services Measure: # of trainings delivered/# of practices with embedded clinicians

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Categorical Priority: Tobacco Use

Maine CDC Lead: Kristen McAuley

Goal: Reduce adult and adolescent tobacco use in Maine by 5% by June 2017. (This is approximately 50% toward the healthy Maine 2020 goals.)

Objective 1: Treatment

By June 30, 2017, increase access and utilization of state tobacco treatment programs by 5%.

Measure: Number of referrals to Maine Tobacco Help Line (MTHL); # of MTHL callers; # of Maine Certified Tobacco Treatment Specialists; # of providers trained. Data sources: MTHL, PTM

Strategy 1.1	**Promote Maine CDC Partnership for a Tobacco-Free Maine (PTM) clinical outreach sessions to increase brief tobacco interventions in clinical settings.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify clinical sites to deliver clinical outreach sessions	Ongoing	CTI, PTM	Outcome: delivery of sessions to sites Measure: # of sessions delivered (aggregate) and # of sites that participated
Engage organizations who will promote CTI clinical outreach sessions	Ongoing	CTI	Outcome: delivery of sessions to sites Measure: # of organizations engaged
Strategy 1.2	**Promote Maine CDC PTM Basic Skills Training to increase brief tobacco interventions in clinical settings.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify healthcare workers and other potential participants to attend PTM's Tobacco Intervention: Basic Skills Trainings.	Ongoing	CTI	Outcome: delivery of trainings Measure: # of trainings delivered (aggregate) and # of participants attended
Engage organizations who will promote PTM's Tobacco Intervention: Basic Skills Trainings.	Ongoing	CTI	Outcome: delivery of trainings Measure: # of organizations engaged
Strategy 1.3	**Promote Intensive Tobacco Cessation Training.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify potential participants to attend the PTM Tobacco Intervention: Intensive Skills Trainings and the Tobacco Treatment Conference	Ongoing	CTI	Outcome: delivery of trainings and conference Measure: # of trainings delivered (aggregate), conference delivered, and # of participants attended each
Engage organizations who will promote PTM Tobacco Intervention: Intensive Skills Trainings and the Tobacco Treatment Conference	Ongoing	CTI	Outcome: delivery of trainings and conference Measure: # of organizations engaged

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Objective 2: Policy and Environmental Change

By June 30, 2017, **i**ncrease the number of evidence-based laws, ordinances and policies that provide greater access to smoke-free environments.

Measure: Number of new laws, ordinances and policies; # of organizations and communities with smoke-free tobacco or tobacco-free policies. Data Source: Maine CDC HMP Evaluation

Strategy 2.1	**Increase the number of organizations and local communities that have voluntarily adopted smoke-free or tobacco-free policies and maintain current strong protections from secondhand smoke under Maine law.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Engage municipalities around smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies	Ongoing	HMP	Outcome: policies implemented/revised by municipalities re: smoke free/ tobacco free policies Measure: # new policies implemented
Engage worksites on smoke free environments around smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies	Ongoing	HMP	Outcome: policies implemented/revised by worksites re: smoke free/ tobacco free policies Measure: # new policies implemented
Engage other organizations, which might include public schools on smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies	Ongoing	PTM, HMP, Breathe Easy Coalition (BEC), Maine Youth Action Network	Outcome: policies implemented/revised by organization re: smoke free/ tobacco free policies Measure: # new policies implemented, # revised policies

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Objective 3: Second Hand Smoke

By June 30, 2017, decrease the number of children and adults exposed to environmental tobacco smoke in the home by 10 %.

Measure: Responses to BRFSS/ MIYHS questions about secondhand smoke exposure in the home. Data Sources: BRFSS/ MIYHS

Strategy 3.1	**Implement a statewide public awareness campaign about environmental tobacco smoke exposure and the effects on children in the home.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
In 3rd quarter of FY15, identify whether this strategy is in alignment with PTM's communications and education plan as well as overall FY16 work plan.	April 2015	PTM	Outcome: inclusion in FY16 work plan Measure: inclusion in FY16 work plan (yes/no)
Strategy 3.2	**Work with partners to increase the number of families who have rules against smoking in their home by adopting the smoke-free homes pledge.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Work with partners (i.e.; childcare providers) to encourage families to implement smoke free homes pledge.	Ongoing	BEC, HMP, PTM	Outcome: Partners reached with messages to encourage families to take the pledge Measure: # families who have taken the pledge
Strategy 3.3	**Work with partners to increase the number of landlords and property managers of subsidized housing, such as those accepting Section 8 vouchers, that have adopted smoke-free policies.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Provide targeted outreach to landlords, managers and owners of subsidized housing.	Ongoing	HMP, BEC	Outcome: Subsidized property owners/ managers received outreach Measure: # outreach contacts delivered
Strategy 3.4	**Train child care and head start staff on messaging about the dangers of environmental tobacco smoke exposure and tobacco treatment resources available through the Maine Helpers' Training Program.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Continue to make available webinar and pertinent resources for child care providers on Breathe Easy Coalition (BEC) website at: Breatheeasymaine.org/childcare	Ongoing	BEC	Outcome: childcare providers receive information and training on smoke exposure, tobacco treatment Measure: # BEC webinar views, # downloads of childcare toolkit from BEC website

Objective 4: Disparities

By June 30, 2017, increase engagement with partner organizations by a minimum of 10 to promote or increase awareness of tobacco treatment, prevention and control resources.

Measure: Number of clinical outreach engagements to Federally Qualified Health Centers, Indian Health Centers, behavioral health agencies, OB-GYN providers, identified providers to LGBT persons; # of comprehensive tobacco free policies among behavioral health provider agencies and organizations Data Sources: PTM Clinical Outreach Program reports; Breathe Easy Coalition.

Strategy 4.1	**Promote clinical outreach and attendance at Maine CDC PTM basic skills training among providers that currently serve populations with health disparities. These partner organizations include Federally Qualified Health Centers, Indian Health Centers, behavioral health agencies, OB-GYN providers, and providers to Lesbian, Gay, Bi-sexual, Transgender (LGBT) individuals that currently serve populations with health disparities. These populations include: individuals with a behavioral health diagnosis, LGBT individuals, refugees and immigrants, pregnant women insured through MaineCare, Native Americans, and low socio-economic populations.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Identify clinical sites to deliver clinical outreach sessions, and/or promote training to providers that care for populations with health disparities (OB/GYNs; FQHCs; Behavioral Health agencies; Indian Health Centers; Sites that primarily serve LGBT population specifically)	Delivery is Ongoing	PTM, CTI	Outcome: Clinical sites caring for populations in the 5 listed categories receive clinical outreach Measure: # of clinical outreach sessions delivered to providers in the 5 listed categories
Identify partners that can help promote PTM tobacco intervention trainings and conference to providers that care for populations with health disparities (OB/GYNs; FQHCs; Behavioral Health agencies; Indian Health Centers; Sites that primarily serve LGBT population specifically)	Ongoing	Project Integrate, PTM	Outcome: Partners are currently promoting PTM trainings Measure: # of partners identified
Strategy 4.2	**Promote the development of comprehensive tobacco-free policies for all provider sites: refer to Breathe Easy Coalition standards.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Promote the adoption of comprehensive, best practice tobacco policies for health care and behavioral health settings	Ongoing	BEC	Outcome: Increased tobacco policy change in behavioral health and health care settings Measure: # of tobacco-free hospitals and behavioral health sites
Strategy 4.3	**Promote electronic communication such as websites, listserves, Twitter, Facebook and newsletters that are specific to the population such as Project Integrate for Behavioral Health populations.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
In 3rd Quarter of FY15, identify whether this strategy is in alignment with PTM's communications and education plan as well as overall FY16 work plan	April 2015	PTM	Outcome: Inclusion in FY16 Workplan Measure: Inclusion in FY16 Workplan
Strategy 4.4	**Promote the Maine Helpers trainings to organizations that currently serve populations with health disparities.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Develop plan for the revision and, if appropriate, implementation of the Helpers and Confident Conversations trainings	Ongoing	PTM, CTI	Outcome: Revision plan developed Measure: TBD

Objective 5: Youth

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By June 30, 2017, increase by 15% the number of organizations that promote and/or implement programs that involve youth in anti-tobacco initiatives.

Measure: Number of organizations that work with Maine Youth Action Network (MYAN), # of Drug-Free Community Coalitions that integrate tobacco prevention into their substance abuse prevention efforts. Data Sources: MYAN, SAMHS

Strategy 5.1	**Support organizations that provide leadership training to youth around tobacco cessation.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Train and provide resources and tech support and resources to adults who can provide education, and leadership training to youth	Ongoing	PTM, MYAN, HMPs	Outcome: increased awareness of tobacco, increased awareness of how youth can engage in tobacco awareness building projects Measure: # of trainings, # of Youth Leadership Summits, # of completed tobacco awareness projects
Train and provide resources and tech support and resources to youth who can create awareness among their peers	Ongoing	MYAN, HMPs	Outcome: increased awareness of tobacco, increased awareness of how youth can engage in tobacco awareness building projects Measure: # of trainings, # of Youth Leadership Summits, # of completed tobacco awareness projects
Strategy 5.2	**Implement evidence-based tobacco prevention curricula in schools.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Monitor developments in evidence-based strategies	Ongoing	Maine CDC PTM	Measure: # of school-based curricula added to US CDC recommended list of strategies
Strategy 5.3	**Engage youth in supporting the development and implementation of evidence-based tobacco prevention policy changes.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Train and provide resources and tech support to adults who can engage youth in policy change efforts	Ongoing	PTM, MYAN, HMPs	Outcome: increased awareness of how youth can engage in tobacco policy change projects Measure: # of trainings, # of Youth Leadership Summits, # of completed tobacco policy change projects
Train and provide resources and tech support to youth who can engage in policy change efforts	Ongoing	MYAN, HMPs	Outcome: increased awareness of how youth can engage in tobacco policy change projects Measure: # of trainings, # of Youth Leadership Summits, # of completed tobacco policy change projects

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Last Updated Date: 12.23.14

Infrastructure Priority: Inform, Educate and Empower the Public

Maine CDC Lead: Chris Lyman

Goal: Increase Maine's capacity to inform, educate and empower Maine people about health issues by June 2017.

Objective 1: Message Delivery System

By June 30, 2017, implement a coordinated system at the Maine CDC to deliver messages that include policies and procedures for distribution, channels for distribution, and a quality assurance or evaluation process for public health communications.

Measure: Identified policies and procedures, identified channels, identified evaluation process. Data Source**:** Maine CDC administration

Strategy 1.1	**Map the public health information, health education and health promotion delivery system to identify and address gaps including message accessibility.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Convene 2nd face-to-face meeting of SHIP Educate Implementation Team to review approved implementation plan, incorporate additional members, complete team formation tasks, e.g., SOW, roles, data, schedule, communications, orientation manual. Establish Maine CDC Communications Systems Team to address deliverables identified in Objective 1. Establish Health Equity Communications Consortium to meet the deliverables in Objective 2.	Fall 2014	Strategies 1.1-1.4 Maine CDC	Outcome: Team charters for all 3 groups. Establishes ongoing communication methods Measure: Charters developed
Hold a training for Maine CDC senior staff and selected staff on strategic communications planning for state public health departments conducted by the Public Health Foundation.	Winter 2015	Maine CDC	Outcome: Maine CDC senior staff and communications staff have a shared understanding of Communications Measure: 100% training slots filled and evaluations returned
Develop, plan, and implement a Maine CDC Internal Environmental Scan/Inventory of communication policies/ procedures and channels for distribution and existing quality assurance/ evaluation processes.		Maine CDC Chris Lyman, Al May, Melissa Fochesato, others as identified	Outcome: Internal environmental scan completed Measure: Categories of data needed identified and compiled
Obtain existing data on internet/ access for Mainers.	Spring 2015	Maine CDC, State Library – Linda Lord	Outcome: Scan/ Inventory completed Measure: Findings identified and compiled
Develop strengths/ gaps report of environmental scan/ inventory findings.	Spring 2015	Maine CDC - Chris Lyman, Al May, John Spier, HMP - Melissa Fochesato , others as identified	Outcome: Draft report and recommendations completed Measure: Maine CDC SMT receives draft report for review
Year 1 Progress Review Summary and Year 2 Objective 1 Action Plan pre-planning for Year 2 action plan based on final approvals.	Summer 2015	Maine CDC	Outcome: Year 2 planning completed Measure: Written plan for next steps finalized

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Strategy 1.2	**Develop a customer usage survey to understand and improve the reach of current messaging delivery system to identify accessibility, understanding and applicability. The survey is intended to be used by Maine CDC, HMPs, hospital systems, FQHCs, Tribal Health Departments and others.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Project team established to develop a Customer Reach/Use/Usability Survey	Fall 2014	Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified	Outcome: Clarification of charge and team charter with a clear scope of work and roles defined Measure: Written charter completed
Conduct environmental scan of current Maine CDC surveys and surveillance systems and evaluations for questions related to communication. Conduct research on best practices in survey design to meet the purpose of the survey and identify audiences.	Winter 2015	Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified	Outcome: Environmental scan compiled and survey audiences defined Measure: Scan completed, survey audience list compiled
Develop and pilot survey	Spring 2015	Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified	Outcome: Survey developed Measure: Pilot implemented yes/no
Strategy 1.3	**Convene quarterly Maine CDC meetings for health educators and other health education staff for knowledge sharing and skill building on public health communication.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Inventory Maine CDCs internal health educators and health communications in all categories of roles/practice.	Fall 2014	Maine CDC - Chris Lyman, Jessica Loney, John Spier, David Pied,	Outcome: Complete inventory of health educators and health communications Measure: Completed list of Maine CDC staff
Convene first Maine CDC Public Health Educators Meeting and develop team charter.		Karyn Butts, Tara Thomas, others as identified	Outcome: Group convened, list refined; members updated on competencies Measure: # of participants
Convene 2nd Maine CDC Public Health Educators meeting. Group leadership and roles clarified. Consider opening group to external health communications experts.	Winter 2015	Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified	Outcome: Group develops shared purpose Measure: Team charter completed
Convene 3rd Maine CDC Public Health Educators meeting. Propose a skills self-assessment for members. Updates: activities, resources, tools, learning opportunities; meeting evaluation.	Spring 2015	Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified	Outcome: Self-assessment findings drive learning plan development Measure: Self-assessment completed
Convene 4th Maine CDC Public Health Educators meeting. Report on self-assessment results. Updates: activities, resources, tools, learning opportunities; meeting evaluation.	Summer 2015	Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified	Outcome: Draft learning objectives and draft exploratory workforce development plan. Measure: Learning objectives and workforce development plan completed yes/no

Strategy 1.4	**Develop a Memorandum of Understanding between DCCs and partner organizations for dissemination of Maine CDC health messages.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
District Communications Project Team – Review all DCC membership agreements and bylaws, including HMP contracts, to identify expectations related to communications and dissemination of Maine CDC messages. Clarify if all DCCs require signed MOUs of members.	Fall 2014	Maine CDC – Chris Lyman, Al May Tribal Representative, others as identified	Outcome: All documents reviewed Measure: Review findings documented
Convene 2nd meeting of District Communications Project – Based on findings, identify barriers and root causes to disseminating Maine CDC communications which all DCCs share, including Tribal DCCs.	Winter 2015	Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified	Outcome: Written QI Project Plan Measure: QI plan completed
Convene 3rd meeting of District Communications Project – Develop an intervention proposal to address at least one of the shared barriers and a pilot plan for it, and send to SMT for approval.	Spring 2015	Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified	Outcome: Intervention proposal developed Measure: Proposal developed and submitted to SMT for approval
Convene 4th meeting of District Communications Project – Evaluate the intervention and identify next steps for statewide dissemination.	Summer 2015	Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified	Outcome: Results identified and implementation options clarified Measure: Implementation ready for statewide dissemination yes/no
Convene 5th meeting of District Communications Project – Develop a statewide evaluation plan for the intervention across all DCCs.	September 2015	Maine CDC – Chris Lyman	Outcome: Evaluation plan developed Measure: Evaluation plan completed

Objective 2: Cross-cultural, plain language communication

By June 30, 2017, increase coordination and partnerships in Maine to improve the development and sharing of plain language resources that are appropriate across different cultures within Maine.

Measure: Number of cross-cultural, plain language documents available on Maine CDC website, # of organizations represented in consortium, documentation of statewide dissemination plan. Data Source**:** Maine CDC Office of Health Equity.

Strategy 2.1	**Identify and convene stakeholders from different public and private sectors who are willing to collaborate on developing and sharing plain language resources that are appropriate across different cultures within Maine.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Convene a Health Equity Communications Consortium of public/private membership from state and local levels. Build from invited SHIP Educate Implementation Team membership. Inventory sources of content expertise in health literacy, plain language and language translation and training on CLAS standards. Internal and external member activity updates. Establish a team charter, including how the group will communicate over time.	Fall 2014	Strategies 2.1 – 2.4 Maine, David Pied, Jane Coolidge, Gail Senese, Karyn Butts, Tribal District Representative, UNE – Sue Stableford, DHHS – Catherine Yomoah, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato, State Library – Linda Lord	Outcome: Official Consortium convened and defined based on SHIP guidelines Measure: Meeting held, # of participants
Convene 2nd meeting of Health Equity Communications Consortium – Member participation in design of environmental scan and customer survey projects. Members update activities, opportunities for collaboration re: health literacy, plain language and language translation and training on CLAS standards.	Winter 2015	Maine CDC	Outcome: Consortium convenes Measure: Meeting held, # of participants
Convene 3rd meeting/conference call/Adobe Connect meeting of Health Equity Communications Consortium – Identify key resources and opportunities for leveraging resources to support health literacy, plain language and language translation and training on CLAS standards activities.	Spring 2015	Maine CDC	Outcome: Consortium convenes Measure: Meeting held, # of participants

Strategy 2.2	**The Maine CDC will develop procedures for development and review of plain-language and culturally and linguistically appropriate communications.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Review best practices in policies/stand operating procedures for design, production, funding and evaluation of non-urgent/urgent communications in terms of plain language and culturally and linguistically appropriate communications and materials. Review categories of resources for potential training and engagement to address development, production and review of existing and future written and visual products.	Winter 2015	Maine CDC – David Pied, Gail Senese, Karyn Butts, Chris Lyman, UNE – Sue Stableford, DHHS – Catherine Yomoah, Tribal District Representative, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato	Outcome: Consortium members have a shared understanding of the options for developing a sustainable infrastructure and SOPs for health communications Measure: List generated of resources consulted
Identify options for threshold population language translation formulas for population health and personal care services. Explore options for a Maine CDC-linked system of review or production, building on lessons learned from Maine CDC programs. Roles of state offices with a similar function, state contractors, and external stakeholders inventoried, and how Maine CDC contractors and core agency partners address the issues.	Spring 2015	Maine CDC –David Pied, Gail Senese, Karyn Butts, Chris Lyman, UNE – Sue Stableford, DHHS – Catherine Yomoah, Tribal District Representative, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato	Outcome: Shared knowledge among Consortium members Measure: # people participating in reviews and inventories
Training on Health Literacy 101, Strategic Communication Planning, and related communications topics offered as resources permit.	Fall 2014 – Summer 2015	Maine CDC Chris Lyman, UNE – Sue Stableford, Others as identified	Outcome: Maine CDC staff trained on health literacy Measure: # people trained, # trainings held
Strategy 2.3	**Identify and/or create measures to determine who is accessing cross-cultural, plain language materials and how.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Consortium lists methods for surveillance and evaluation methods to see who is accessing plain language and linguistically appropriate health communication materials, and from where, and on what, based on potential production system choices.	Spring 2015	Maine CDC - Chris Lyman, Consortium members	Outcome: List of options generated in document Measure: List completed yes/no
Proposal options listed for monitoring and evaluation of system performance, may include state, district programs and contractors delivering direct services.	Summer 2015	Maine CDC – Chris Lyman, John Spier, others as identified	Outcome: Options identified Measure: Draft proposal completed

Strategy 2.4	**Develop a statewide process for dissemination of cross-cultural, plain language resources.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Consortium reviews work to date on Objective 1 and Objective 2. Draft system infrastructure and management options for dissemination of Maine CDC approved for disseminating health communications materials. Set criteria for which materials should be translated first. Maine CDC staff will explore potential use of the Maine CDC website and use of Maine CDCs social media platforms.	Spring 2015	Maine CDC –Chris Lyman, John Spier, Tribal representative, et al	Outcome: Consortium review conducted Measure: Consortium review documented yes/no
Develop a decision-making process and draft a proposal with several options and alternative associated costs (materials, personnel, maintenance) for review by SHIP administrators and the Maine CDC senior administration.	Summer 2015	Maine CDC – Chris Lyman, John Spier, Tribal representative	Outcome: Develop draft report Measure: Report submitted for review

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Last Updated Date: 12.23.14

Infrastructure Priority: Mobilize Community Partnerships

Maine CDC Leads: Jamie Paul, Andy Finch

Goal: Increase Maine's capacity to mobilize community partnerships and action to identify and solve health problems by June 2017.

Objective 1: Increase Community Partnerships

By June 30, 2017, increase the number of individuals and organizations mobilized in public health planning, securing of resources, and action via local coalitions, DCCs and SCC for public health.

Measure: Number of individuals and # of sectors mobilized at the local level (coalition, health department boards, etc.), at the district level (DCC) and at the state level (SCC). Data Sources: HMP, DCC and SCC memberships.

Strategy 1.1	**Local coalitions and health departments will identify gaps in representation and recruit to ensure all target populations are being adequately represented in our efforts.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Implement HMP mid-course assessment of Board composition: Through KIT Solutions and primary data collection	9/30/14	Maine CDC - Andy Finch	Outcome: establish baseline of representation. Measure: # sectors represented on HMP Boards.
Implement HMP mid-course assessment of populations with health disparity representation: Through KIT Solutions and primary data collection	9/30/14	Maine CDC - Andy Finch	Outcome: Gap Analysis report Measure: % of HMPs within contract compliance.
HMPs use data collected from assessments to address identified gaps in representation	10/1/14-6/30/15	Maine CDC - Andy Finch and HMPs	Outcome: 100% of HMPs that address gaps Measure: actual % of HMPs gaps fill
OHE to conduct an analysis of HMP reports on disparities related board representation; works with Andy Finch and HMPs to provide technical assistance in identifying and engaging disparate populations, including those HMPs whose service area abut Tribal reservations.	9/15/14	Maine CDC Office of Health Equity - Chris Lyman Maine CDC - Andy Finch and HMPs	Outcome: 100% of HMP Boards have representatives from disparate populations or those serving these populations Measure: % of HMP Boards within contract compliance
Scan and analyze projects/ groups Portland Public Health has led and/or partnered with, for compliance with its newly written policy on inclusion of disparate populations.	6/30/15	Portland Public Health/ Shane Gallagher	Outcome: Projects/ groups that comply with policy Measure: List of projects with % compliance
Develop and implement a policy to ensure that disparate populations are represented on all Bangor Public Health and Community Services (BPHCS) boards and committees	6/30/15	BPHCS – Patty Hamilton/Jamie Comstock	Outcome: A policy is in place Measure: # of policies

Strategy 1.2	**Each DCC will review representation annually, identify gaps in representation, and seek to fill those gaps.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Review DCC core sector list and compare to DCC representation list to ensure match/ compliance. OHE to provide technical assistance to DCCs in identifying and engaging disparate populations.	1/1/15	DL/DCC Members	Outcome: baseline Measure: report on list match/ summary sheet
Strategy 1.3	**The SCC will review representation annually, identify gaps and seek to fill those gaps.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Review SCC By-law sector list and compare to SCC representation list to ensure match/ compliance. (Tribal included)	1/1/15	SCC - Shawn Yardley	Outcome: baseline Measure: report on list match/ summary sheet

Objective 2: Increase awareness of public health to increase visibility and encourage engagement

By June 30, 2017, implement/ use common messaging that promotes the awareness of the value of public health for 100% of local, district, and state public health mobilization and implementation activities.

Measure: Number of times common messaging appears. Data source: annual audit or sample of local, district and state posters, websites, maine.gov, etc.

Strategy 2.1	**Identify resources such as This is Public Health stickers, use of national public health logo, posters, etc.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/Measures**
Assemble work group to identify best practices for common messaging that promotes awareness of the value of public health at the local, district and state levels.	10/1/14 to 9/30/15	Maine CDC - Andy Finch and Jamie Paul, SCC, DCC, local health departments, HMPs	Outcome: Meeting between work group and partners. Measure: Meeting agenda, notes, attendance sheet. List of ideas on how to message effectively.
Assess existing and any missing resources that can be utilized and potential partners and/or costs associated with them.	10/1/14 to 9/30/15	Maine CDC - Andy Finch and Jamie Paul, SCC, DCC, local health departments, HMPs	Outcome: Identify best practice public health messaging used throughout the country and what will best suit Maine's needs. Measure: # of best practice messaging models identified and assessment of existing resources to implement these models.
Communicate with Maine CDC Senior Management team regarding these ongoing meetings and findings via meeting minutes.	10/1/14 to 9/30/15	Maine CDC - Jamie Paul and Andy Finch	Outcome: Keep Maine CDC, Senior Management Team (SMT) apprised of resources being considered. Measure: # of meeting minutes emailed to SMT.
Strategy 2.2	**Distribute resources to community public health partners.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/Measures**
Explore available resources and based on findings address this strategy in years 2 and 3			
Strategy 2.3	**Initiate discussions at Maine CDC administration about strategies to raise awareness of what public health is and its value.**		
Implementation Steps	**Timeline**	**Responsible Party**	**Anticipated Outcomes/ Measures**
Have discussion with MECDC Senior Management team to determine if there is a single contact person or if the entire senior management team is to receive meeting minutes from Strategy 2.1.	10/01/14	Maine CDC - Andy Finch and Jamie Paul, Nancy Birkhimer	Outcome: Clear direction on who should be contacted with this information. Measure: Andy and Jamie to email work Maine CDC SMT with work group meeting minutes.